

Influenza 2023-2024 Outbreak Management Checklist for Long Term Care Facilities
During the COVID-19 Pandemic
Use this document during an outbreak

Reviewed September 2023

Communication	N/A	Completed	Date	Initials
1. Notify Medical Director and/or facility administration				
2. Meet with key staff to coordinate control measures				
3. While maintaining patient confidentiality, notify residents and staff of outbreak, including posting notices near entrances and other common areas. Provide information on influenza and COVID-19 symptoms & prevention measures.				
4. Report suspected or confirmed outbreaks (influenza or COVID) to Public Health within 24 hrs <ul style="list-style-type: none"> a. To notify Public Health of the outbreak fill out the Respiratory Illness Intake Survey. b. A confirmed outbreak is defined as 1 confirmed resident case of Influenza (or COVID) OR 2 or more individuals with Influenza-like illness (ILI)/COVID-like illness (CLI) with 72 hours of each other. 				
5. Report resident influenza-associated deaths to Public Health using the Respiratory Illness Intake Survey . For questions, please call (206) 296-4774.				
6. Report any outbreaks to the RCS Complaint Resolution Unit (DSHS) 1-800- 562-6078				
Control Measures	N/A	Completed	Date	Initials
1. Continue daily symptom monitoring of residents, staff & visitors <ul style="list-style-type: none"> • Maintain an illness/testing line-list for both staff and residents (example linked here) 				
2. Order Influenza and COVID-19 testing for residents with ILI/CLI <ul style="list-style-type: none"> • Test all symptomatic individuals for BOTH influenza and COVID-19 • Influenza Testing: <ul style="list-style-type: none"> • Consider use of RT-PCR tests. These are less likely to have false positive or false negative results. • Rapid diagnostic tests are acceptable: Should a negative rapid diagnostic result occur in an individual with high suspicion of influenza, submit specimen for confirmatory RT-PCR testing. • Initiate infection control recommendations described below while waiting for results. • <u>Once influenza is identified on a unit, all additional symptomatic individuals associated with that unit will be considered influenza positive.</u> Continued influenza testing is recommended in addition to COVID-19 testing to monitor the status of the outbreak and detect potential overlapping outbreaks/coinfections. 				

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<ul style="list-style-type: none"> • Continue all infection control measures. If an individual becomes symptomatic on another unit, test for both Influenza and COVID-19. • COVID-19 Testing: <ul style="list-style-type: none"> • Offer COVID-19 testing for ALL symptomatic individuals, regardless of influenza result (co- infections may occur). • If a positive COVID-19 result is identified, initiate COVID-19 infection control recommendations immediately. • Report all positive COVID-19 tests (antigen or PCR) to Public Health. 				
<p>3. Exclude symptomatic staff from work and refer for evaluation by clinician. Recommend COVID-19 and influenza testing.</p> <ul style="list-style-type: none"> • Symptomatic staff will be presumed influenza positive during a known influenza outbreak, but testing is still recommended. • If COVID results are negative and influenza results are positive (or presumed influenza positive), staff should be excluded from work until 24hr post fever (without use of medication), or at minimum 5 days after onset if possible. Refer to your facility illness policy. 				
<p>4. Provide influenza antiviral treatment to all residents, unless contraindicated, who have suspected or confirmed influenza. Follow CDC dosing guidelines.</p> <ul style="list-style-type: none"> • Influenza antiviral treatment works best when started within 48 hours of symptom onset • Treatment <u>should not</u> wait for laboratory confirmation • For facilities without a medical director, please work with the resident's PCP for antiviral orders. 				
<p>5. Provide influenza antiviral chemoprophylaxis to non-ill residents, unless contraindicated, follow CDC dosing guidelines. Consider:</p> <ul style="list-style-type: none"> • Prioritize chemoprophylaxis administration to the close contacts of the ill individual. If transmission occurs (2 or more cases), consider expanding chemoprophylaxis administration to the unit/floor/facility. • Administer chemoprophylaxis to prevent illness for minimum of 14 days, and for at least 7 days after last known case is identified • Consider offering chemoprophylaxis to unvaccinated staff who provide care to residents at high risk of complications • For facilities without a medical director, please work with the resident's PCP for chemoprophylaxis orders. 				

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<p>6. Vaccinate residents and staff</p> <ul style="list-style-type: none"> • Offer influenza vaccine to all unvaccinated residents and staff • Recommend staff are vaccinated against COVID-19 • Ensure access to COVID-19 vaccination and boosters as appropriate for all residents 				
<p>7. Post outbreak notices on all entrances of facility. Consider limiting non-essential visitors and excluding ill visitors.</p>				
<p>8. Consider limiting large group activities and consider serving meals in resident rooms if the outbreak is widespread</p>				
<p>Infection Control</p>	<p>N/A</p>	<p>Completed</p>	<p>Date</p>	<p>Initials</p>
<p>1. Transmission-based Precautions</p> <ul style="list-style-type: none"> • Implement appropriate transmission-based precautions for ill residents depending on presence of COVID-19 <ul style="list-style-type: none"> • If Influenza only – Droplet precautions • If COVID and Influenza – Quarantine and Aerosol precautions should be used • For influenza without COVID-19, an individual can be infectious one day before symptoms start and 7 days after becoming sick. Continue precautions for 7 days after illness onset or 24 hours after resolution of fever; whichever is longer. • If COVID-19 positive, follow appropriate COVID-19 transmission-based precautions and outbreak control recommendations • Isolate ill residents to their rooms; serve meals in their rooms and limit visitation • Require all residents to wear a face mask if they must leave their rooms • Continue full facility masking and consider observing staff mask practices to ensure proper wear of PPE 				
<p>2. Increase environmental cleaning</p> <ul style="list-style-type: none"> • Clean and disinfect shared equipment (blood pressure monitor) and high touch areas (light switch, door handle, handrail, etc.) • Use an EPA registered disinfectant and follow manufacturer’s Instructions (including appropriate contact times) 				

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3. Emphasize respiratory etiquette and hand hygiene <ul style="list-style-type: none"> • Establish and maintain hand hygiene stations stocked with tissues, alcohol-based hand sanitizer, face masks • Post “Cover Your Cough” and “Stop Germs, Stay Healthy” posters in resident and staff areas 				
4. Assess new admissions safety prior to admitting <ul style="list-style-type: none"> • Admit new or returning residents to unaffected units • Ensure adequate staff, PPE and testing materials are available • Inform new admission of facility’s outbreak status 				
5. Minimize staff movement from areas of the facility with ILI/CLI to areas without ILI/CLI <ul style="list-style-type: none"> • If possible, designate staff to units with ILI/CLI and keep staff from floating between units. This includes housekeeping, dietary, and CNA’s. 				
6. Exclude staff ill with influenza from work for at least 24 hours after resolution of fever without the use of fever reducing medications				
7. Consider temporarily limiting visitation <ul style="list-style-type: none"> • Compassionate care visits are always allowed, provide PPE and education to visitors. 				
Education	N/A	Completed	Date	Initials
1. Provide training to all staff, include: <ul style="list-style-type: none"> • Signs and symptoms of influenza elderly • Hand hygiene and respiratory hygiene • Contact, Droplet, Quarantine and Aerosol precautions and the required PPE for each. • Review appropriate donning and doffing PPE 				
2. Educate residents, their families, and visitors about influenza and COVID-19, including <ul style="list-style-type: none"> • Hand hygiene and respiratory hygiene • Vaccine information 				
3. Provide staff and residents the influenza and COVID-19 fact sheets.				

* An influenza outbreak is considered over after 7 days from last onset of illness.

References:

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- 1) [Flu Resources for long term care facilities](#) (PHSKC)
- 2) [Influenza \(flu\) Information for Public Health and Health Care](#) (WA DOH)
- 3) [Testing and Management Considerations for Nursing Home Residents with Acute Respiratory Illness Symptoms when SARS-CoV-2 and Influenza Viruses are Co-circulating](#)(CDC)